

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011176

STATE FILE NUMBER

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 18 1959		Registration District No.		Primary Registration District No.		Registrar No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				c. CITY OR TOWN Affton 4830		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute Barnes Hospital				d. STREET ADDRESS (If outside, give location) 10022 Elise Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD H. MARENESS				4. DATE OF DEATH Month Day Year Feb. 26 1959			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 12, 1873	
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Sandy Creek, N.Y.-USA		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director-Educational				10b. KIND OF BUSINESS OR INDUSTRY Dep't.-International Shoe Co.			
13a. FATHER'S NAME Unknown Mareness				13b. MOTHER'S MAIDEN NAME Rose Howe		14. NAME OF HUSBAND OR WIFE Late Ella M. Mareness	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give dates of service) No None				16. SOCIAL SECURITY NO. 488-07-8484		17. INFORMANT Mrs. L. J. Richard 10022 Elise Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i>						INTERVAL BETWEEN ONSET AND DEATH 1 + yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>163X</i> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus, Arteriosclerosis</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>6-2-52</i> to <i>2-26-59</i> and last saw her alive on <i>2-12-59</i> Death occurred at <i>8:15 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Karl Kompton, D.</i> (Degree or title)				22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>2/26/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 28, 1959		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway				25. DATE RECD. BY LOCAL REG. FEB 27 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... 

Licensed Embalmer No. 4533

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.